## **Auburn City Recreation Sign-ups**



## **FALL SOCCER**



•••	S NAME:
BIRTHD	DATE:GRADE: AGE:
<b>ADDRES</b>	SS:
PARENT	T/ GUARDIAN:
HOME #	#:WORK#:
Cell #: _	Text Available: ☐
EMAIL:	Coach: YES / NO
	<u>Please Print</u>
F-000000000000000000000000000000000000	.00000000000000000000000000000000000000
14	***************************************
3	Ages:
3	Kindergarten – 6 <sup>th</sup> GRADERS
3	(current school year)
💢 (Circle d	one) Shirt size: Youth or Adult – S M L XL XXL
; <del>1</del>	·····
	ALL DADENTS IN WALDE OALLED FOR SOLIED WIND
	ALL PARENTS WILL BE CALLED FOR SCHEDULING
•	permission to participate in the program indicated on this form. He/She is in good dition and has no health problems that would prevent active participation. I agree
•	ill rules of the Auburn Youth Activities. I agree to hold harmless the Auburn You
•	he event of injury sustained by my child. I also grant permission for my child to be
photographed	d and pictures released for publication for purpose of the Auburn Youth Activities.
Signature of P	Parent/Guardian: DATE:
All forms must	be accompanied by the appropriate registration fee of \$25.00 per child-per sport, with

maximum fee of \$100.00 per family. Please make checks payable to "Auburn City Rec." No refunds will be

given. For more information, contact John Gill 402-274-3629 or coachgill2010@hotmail.com

Amount Paid: Check #: